

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS305AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2008
NAME OF PROVIDER OR SUPPLIER MOTHER'S BEST CARE FOR ELDERLY		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 S 8TH STREET LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 11/5/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed as a residential facility for groups to provide care for 10 elderly or disabled persons and/or persons with mental illnesses, Category 2 Residents.</p> <p>The census was 8.</p> <p>There were no complaints investigated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 070	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p>	Y 070		

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

05D311

If continuation sheet 1 of 15

Tatlonghari Enterprises, Inc.
DBA: Mother's Best Care for Elderly
 1225 S 8th Street
 Las Vegas, NV 89104
 Phone: (702) 382-1034

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Y070	<p>Employee #2 is scheduled to take Caregiving classes on 1/22/09 for 3.5 hrs. and on 2/12/09 for 7.0 hrs.</p> <p>Employee #3 is scheduled to take Caregiving classes on 1/22/09 for 3.5 hrs and on 2/12/09 for 7.0 hrs.</p> <p>Certificate to follow as soon as classes are completed.</p>	<p>1/22/09 2/12/09</p>
Y106	<p>First Aid and CPR Classes was taken by Employees #1, #2, #3 on 1/13/2009. Instructor to mail in the cards. Copy of the Cards to follow as soon as we receive it.</p>	<p>1/13/09</p>
Y175	<p>When the Surveyor pointed out the hazard of tripping on the catheter tubing if Resident #8 at the time of survey, the Administrator right away fixed the tubing so it is safe for ambulation. Also, the catheter was taken out by the Doctor on 12/5/08.</p> <p>When the Surveyor pointed out the hazard of Slippery rugs on the day of the survey, all rugs were right away removed. New rugs with grip were purchased to the following day to replace the old, slippery rugs.</p> <p>When the Surveyor pointed out the fire exit hazard of some items blocking the sliding door in Bedroom #3, it was right away cleared as soon as the Surveyor left the facility.</p>	<p>11/5/08</p> <p>11/5/08</p> <p>11/5/08</p>

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Y175 (cont'd)	When the Surveyor pointed out the fire exit hazard on the 2 windows in Bedroom #4 that were blocked by the cereal boxes and other large boxes, these were readily cleared when the Surveyor left the facility.	11/5/09
Y435	The fire extinguishers were scheduled to be serviced 11/08. The day the Surveyor came in, A-1 National Fire has not been in to service the fire extinguishers. Before the Administrator can call for service, they were in the following morning, 11/6/09, to service the fire extinguishers. Please see copy of Job Invoice.	11/6/08
Y444	A-1 National Fire came in on 1/12/09 to do quarterly inspection on the Fire Sprinkler and Fire Alarm Systems. The smoke detectors did the same chirping sound that the Surveyor noticed at the time of the survey. Administrator asked about that stating the findings in the survey, and was told that it will normally do a chirping sound for about 10 minutes after the test. Batteries were replaced anyways.	1/12/09
Y695	Oxygen warning was right away placed by Bedroom #1 to indicate the use of Oxygen right after the Surveyor left the Facility on the day of the survey.	11/5/08
Y920	The liquid cough medicine was to be administered to the resident after breakfast that was why it was on the dining room table. It was kept in the locked medicine cabinet after. Administrator re-iterate to the staff to be more aware of not leaving any medication	

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Y920 (cont'd)	out of the locked medicine cabinet.	11/5/08
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	The bottle of prescription oral medication that the Surveyor noticed on the desk was to be discarded by the Administrator. It was actually discarded after the Surveyor left.	11/5/08
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	The 3 bottles of prescription oral medication On the dresser in Bedroom #4 (Caregiver Room) belongs to one of the Caregivers. Administrator reminded staff that medication is medication and it should be kept in a locked drawer or cabinet. Staff readily complied.	11/5/08
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Y936	Resident #7 was a Veteran. He obtains his medical needs from the VA. When the Administrator requested the PCP for a PPD Skin Test, he provided a Chest X-Ray. A PPD Skin Test would have been obtained as required by BLC, however Resident left without notice on 12/9/08.	12/9/08
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YA895	Resident #7 obtains his medical needs from VA which means that MAR's is manually created. This could be the reason for the oversight. However, Resident #7 left without notice on 12/9/08.	
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	Namenda and Zyprexa for Resident #2 were Ordered by the Psychiatrist on 10/9/08 & 10/2/08 respectively and Resident was given Samples by the physician which means that It needs to be manually entered on the MAR's. This was the reason for the oversight. Administrator re-iterated the importance	
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**YA 895
(cont'd)**

logging all medication including OTC meds
in the MAR. Unfortunately, Resident #2
passed away on 11/25/2008.

Namenda for Resident #3 ordered on 10/2/08
also given with samples from the Psychiatrist
which means that it should be added in to
the MAR's manually.

Ferrous Sulfate order on 10/16/08 and
SMZ/TMP ordered 10/28/08 for Resident #4
were also suppose to be added manually
on to the MAR's. Resident was hospitalized
11/15/08 to 12/23/08. Unfortunately, she
passed away on 1/10/09 after 10 ½ years
of residency with us.

11/5/08

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